

1.) CORPORATION NAME:

Herman Miller, Inc.

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1904186**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	240,000,000
PREFER	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 855 EAST MAIN
P O BX 302

CITY/ST/ZIP: ZEELAND, MI 49464

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MARY VERMEER ANDRINGA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	855 EAST MAIN AVE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		

NAME:	DAVID BRANDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	855 EAST MAIN AVE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		

NAME:	DOUGLAS FRENCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	855 EAST MAIN AVE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		

NAME:	J BARRY GRISWELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	855 EAST MAIN AVE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		

NAME:	JOHN R HOKE III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	855 EAST MAIN AVE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		

NAME:	BRAIN C WALKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	855 EAST MAIN AVENUE		
CITY/ST/ZIP/CO:	ZEELAND, MI 49464		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES R KACKLEY DIRECTOR 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOROTHY A TERRELL DIRECTOR 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID ULRICH DIRECTOR 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL A VOLKEMA DIRECTOR 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL C MOLHOEK DIRECTOR 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H TIMOTHY LOPEZ SECRETARY 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY M STUTZ TREASURER 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEN GOODSON VICE PRESIDENT 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE BENEDICT WATSON EX CREATIVE DIR 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW LOCK EVP INTL 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY J BYLSMA EVP CFO 855 EAST MAIN AVENUE ZEELAND, MI 49464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: DON GOEMAN TITLE: EVP R&D ADDRESS: 855 EAST MAIN AVENUE CITY/ST/ZIP/CO: ZEELAND, MI 49464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: STEVE C GANE TITLE: SR VP ADDRESS: 855 EAST MAIN AVENUE CITY/ST/ZIP/CO: ZEELAND , MI 49464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LOUISE MCDONALD TITLE: PRES OF HEALTH ADDRESS: 855 EAST MAIN AVENUE CITY/ST/ZIP/CO: ZEELAND, MI 49464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL F RAMIREZ TITLE: SR VP OF PEOPLE ADDRESS: 855 EAST MAIN AVENUE CITY/ST/ZIP/CO: ZEELAND, MI 49464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CURTIS S PULLEN TITLE: EVP PRES SALES ADDRESS: 855 EAST MAIN AVENUE CITY/ST/ZIP/CO: ZEELAND, MI 49464	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JEFFREY MSTUTZ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEFFREY MSTUTZ, PRINTED NAME AND CORPORATE TITLE	8/29/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		